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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>UAB-15102/22</b>
In re Application of <b>Jay M. Meythaler et al.</b>		
Application Number <b>10/049,327-Conf. #3596</b>	Filed <b>August 10, 2000</b>	
For <b>METHOD OF TREATING TRAUMATIC BRAIN AND SPINAL CORD INJURIES AND OTHER NEUROGENIC CONDITIONS USING NON-STERIODAL ANTI-INFLAMMATORY DRUGS AND NATURALLY OCCURING CONOTOXINS</b>		
Art Unit <b>1617</b>	Examiner <b>K. A. Cruz</b>	

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 270.00

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 07-1180.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.**

I am the

☐ applicant /inventor.

☐ assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.  
Registration number 39,204

☐ attorney or agent acting under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

/Avery N. Goldstein, Ph.D./  
Signature

Avery N. Goldstein, Ph.D.  
Typed or printed name

(248) 647-6000  
Telephone number

February 24, 2010  
Date

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.**

☐ \*Total of 1 forms are submitted.